

ing of the Florida College of Emergency Physicians

SYMPOSIUM BY THE SEA 2005 CONFERENCE REGISTRATION FORM

First Name	MI	Last Name	Suffix
Title		Agency	Mailing Code#
Address			
City		State	Zip
Phone	Fax	Email	
Type of License	State of License	License #	Exp. Date

Required Information to receive CME/CEU's

Preconferences Fee Schedule *Check only one if applicable*

- \$150 - P-1 Special CME Workshop - AIDS/HIV Update, Domestic Violence, Prevention of Medical Errors
- \$150 - P-2 EM Administrators Forum - For ED Medical Directors, ED Nurses, EM Administrator

Conference Registration Fee Schedule *Check only one if applicable*

- Free - FCEP Member*
- \$335 - Non-FCEP Physician
- Free - EMRA Medical Student*
- \$60 - Non-EMRA Medical Student
- \$135 - PA, Nurses, Allied Health Personnel
- \$135 - EM Administrator

*Free registration for general conference only.

Indicate if you need a CME/CEU Certificate.

- Yes, I need a CME/CEU Certificate.
- No, I do not need a CME/CEU Certificate.

Certificates are printed in advance and can be picked up at the registration desk prior to departure from the conference. If you do not check yes, an onsite certificate will not be available.

Indicate if you plan to attend any of the following Events

- EMLRC 3D ~ Disco, Dinner, and Dancing** - Saturday, 7:00pm
\$70.00 per ticket x # of tickets _____ = \$ _____
- Satellite Symposium - Brain Injury Course: Treating ED Patients with CNS Illness & Injury** - Thursday, 5:30pm - Free - CME Symposium
- Satellite Symposium - Optimizing the Management of Acute Heart Failure in the Emergency Department** - Friday, 12:30pm - Free - Lunch provided - CME Symposium
- Satellite Symposium - Improved Patient Care Through Malpractice Protection: Advanced Lawsuit Protection Strategies** - Saturday, 12:30pm - Free - Lunch provided - Non-CME Symposium

Registration Fee \$ _____ Pre-conference Fee \$ _____ Event Fee(s) \$ _____

Total Fee(s) Enclosed \$ _____

Payments accepted by Visa, Mastercard, Check or Purchase Order.

American Express not accepted. Payment must accompany registration form.

Make checks payable to EMLRC and mail to 3717 S. Conway Road, Orlando, FL 32812

Phone: (407) 281-7396 or (800) 766-6335 Fax: (407) 281-4407 Federal Tax ID #59-3001777

Credit card number needed to guarantee registration unless Check or PO accompanies registration form.

Credit Card Number: _____

Credit Card Type: Visa Mastercard

Expiration Date: _____ Cardholder Name: _____

Cardholder Signature: _____

Note: Cancellations and refunds will be made only if requested in writing to the Symposium by the Sea 2005 Conference Registrar. No refunds will be made after July 31, 2005 (no exceptions). For all cancellations, an administrative fee of \$75.00 will be retained.

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Faculty Disclosure

The Florida Emergency Medicine Foundation adheres to ACCME standards regarding industry support of continuing medical education, and the disclosure of faculty and commercial sponsor relationships (if any) will be made known during the educational activity. Faculty are expected to openly disclose inclusion of discussion on any off-label, experimental or investigative use of drugs, devices, or equipment or any commercial sponsorship relations in their presentations.

